



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

620 CHIROPRACTIC
1603 RANCH ROAD 620N
LAKEWAY TX 78734

Respondent Name

TX PUBLIC SCHOOL WC PROJECT

Carrier's Austin Representative Box

Box Number: 01

MFDR Tracking Number

M4-13-3143-01

MFDR Date Received

JULY 26, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "After completing her care at our office on December 10, 2012; we submitted her notes, EOB's and bills via fax to Creative Risk Funding on January 24, 2013. In April our office called Creative Risk Funding to check on the status of the claim and they said they had not received it and said it should be resent. On April 12, 2013 our office resent all correspondence via certified mail attention 'Mike' (he would not provide us with a last name saying he was the only Mike in the office). On May 9, 2013 we received notice our notes and billing were rejected for not being in the correct billing form and for not having appropriate documentation. May 17, 2013 we resent claim in their requested format with the requested medical and billing documentation. On June 14 our office received the attached letter with a -29 code stating claim was being rejected for reason 'The time limit for filing has expired'. We feel this claim has been unfairly rejected and seek to have a prompt resolution for this matter."

Amount in Dispute: \$3,344.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Requestor first submitted invoices for services rendered to CRF on April 12, 2013, which according to our calculations is 232 days after the 8/24/2012 date of service and 124 days after the 12/10/2012 date of service. Requestor did not submit a complete and proper medical bill until May 17, 2013, which was 266 days after the 8/24/2012 date of service and 158 days after the 12/10/2012 date of service. To date, Requestor has not filed a request for reconsideration of these disputed services. In short, our review of Requestor's fax correspondence and Claimant's file as a whole support that the Requestor did not submit medical bills to CRF within 95 days after the date he provided the services in question. (See also Affidavit from Custodian of Records attached hereto as Exhibit G). Accordingly, Requestor has failed to establish that the outpatient office visits of August 24, 2012 through December 10, 2012 were billed in accordance with the Division Rule 133.20(b) and are payable in this claim."

Response Submitted by: Creative Risk Funding, 6100 W. Plano Parkway, Ste. 1500, Plano, TX 75093

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 24, 2012 through December 10, 2012	Office visits and Physical Therapy Modalities	\$3,344.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – Time limit for filing has expired.

Issues

1. Is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no convincing documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	October 17, 2013 _____ Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.